

**Department of Human Services**  
**Division of Services for People with Disabilities**  
**PRIVATE SUPPORT COORDINATOR - DHS CONTRACT PROVIDER/EMPLOYEE**

Form 0-2  
4-12-2012



**ACCESS REQUEST FORM**

**(Please Print)**

APPLICANT NAME: \_\_\_\_\_  
*First Name Middle Initial Last Name*

User's Telephone \_\_\_\_\_ User's Utah ID Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer's Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

DSPD APM \_\_\_\_\_ Contract Number \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

I understand that access to USTEPS is for my exclusive use and support of my work as a contractor of the State of Utah. I understand that this access is controlled by my password. I take responsibility for maintaining the secrecy of my password and for protecting the confidentiality of information in USTEPS in accordance with the State of Utah's "Information Technology Resources Acceptance Use Policy"\* and the Department of Human Services "Appropriate Use of Information Technology Resources", DHS Reference: 06-04\*. I understand that any breach of this policy may result in corrective action in accordance with the State Department of Human Resource Management Administrative Rule R477-11.

**Initial:**

**Requested Roles in USTEPS:**

☐ **QIDP**

☐ **ABISC**

☐ **Company Admin**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Contract Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Authorized contract owner will have the responsibility for notifying the Division of Services for People with Disabilities in writing of any change to worker roles, organization structure or employment status.*

Email to [beckydalby@utah.gov](mailto:beckydalby@utah.gov) or Fax to Contracting @ (801) 538-4279

**ADMINISTRATIVE APPROVAL**

I have reviewed the above application request. I approve this request to access USTEPS for the following roles:

☐ **QIDP** - Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **ABISC** - Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **Company Admin** - Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTRATIVE APPROVALS:**

**User's EIN Number** \_\_\_\_\_

Contract Team \_\_\_\_\_ Approval Date \_\_\_\_\_

USTEPS Team \_\_\_\_\_ Activation Date: \_\_\_\_\_

USTEPS Team \_\_\_\_\_ Inactivation Date: \_\_\_\_\_

Attachment: See reference: INFORMATION TECHNOLOGY RESOURCES ACCEPTANCE USE POLICY:  
[http://cio.utah.gov/docs.acceptable usepolicy.pdf](http://cio.utah.gov/docs.acceptable%20usepolicy.pdf) & THE APPROPRIATE USE OF INFORMATION TECHNOLOGY  
RESOURCES, DHS **Reference: 06-04**, <http://www.hspolicy.utah.gov/>